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# CHAPTER 18

## MOTOR VEHICLE ACCIDENTS

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# CHAPTER 18

## MOTOR VEHICLE ACCIDENTS

### 18.00 INTRODUCTION

Provides information on the forms and reporting procedures that the driver or operator, and his/her supervisor, or responsible person in the chain-of-command, are responsible to do following a motor vehicle accident.

### 18.01 PURPOSE

Ensures uniform reporting and documentation of motor vehicle accidents.

### 18.02 POLICY STATEMENT

When an employee is involved in a motor vehicle accident while driving a state-owned, rented, or privately-owned vehicle on official state business he/she shall report the accident on the appropriate forms, and in a timely manner.

### 18.03 MOTOR VEHICLE ACCIDENTS REPORTING AND FORMS

The following describes what the driver or operator, and the supervisor of his/her chain-of-command, is responsible to do following a motor vehicle accident.

The State Administrative Manual (SAM), Section 2430, requires the employee, or operator of the vehicle, and the supervisor to comply with the following:

- The Caltrans driver **must** complete a Form STD. 269, by recording all pertinent information on the form before leaving the accident scene.
- The first section of the form is designed to be detached and given to the driver of the other vehicle or property owner.
- The Caltrans driver will transfer the information from the Form STD. 269 to a Form STD. 270 VEHICLE ACCIDENT REPORT.

Additionally, the operator must report all motor vehicle accidents and/or property damage accidents to his/her supervisor as soon as possible.

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When the other party inquires about insurance coverage, or insurance related questions, the Caltrans driver/operator should inform the other driver/property owner to direct their questions to the DGS, ORIM. Provide the other party the address and telephone number of the ORIM Claims Unit shown on the card.

If at any time following the accident, the driver/employee is served with any legal papers, ORIM Claims Unit should be called immediately.

**Form STD. 269**

If the accident causes an injury to persons (other than a Caltrans employee), or involves damage to the property of others, the Caltrans driver must immediately call the ORIM. The Form STD. 269 ACCIDENT IDENTIFICATION CARD is a state form required by the DGS, (ORIM), and Caltrans management.

If an accident occurs on weekends or on holidays, it must be reported as soon as possible, but it is reported to a different telephone number. The specific contact numbers are identified on the STD. 269 card.

The purpose of the Form STD. 269 is to record pertinent information about the accident while still at the accident scene. The information on the Form STD. 269 is transferred onto a Form STD. 270. Within 48-hours, the accident must be reported to ORIM by mail or FAX on a Form STD. 270. The Caltrans driver must complete a Form STD. 269 for all motor vehicle and/or motorized equipment accidents regardless of the ownership of the vehicle at the accident scene and the amount of damage.

A copy of a Form STD. 269 should be located in the storage (glove) compartment of every state-owned vehicle. The form is an eight-sided, folded card, about 4 inches by 6 inches, printed back-to-back. If using your private vehicle or rental, a copy should be obtained and have available when you travel on state business.

If the driver is unable to complete the Form STD 269, the supervisor is responsible to complete the form for the employee, and ensure that the accident is reported to ORIM within 48-hours by mail or FAX on a Form STD. 270. If the supervisor is not available, a co-worker, or other person should ensure that the facts surrounding the accident are recorded on a Form STD. 269, and the form is sent to an appropriate member within the employee's chain-of-command who must report to ORIM within 48-hours by mail or FAX on a Form STD. 270.

After the information is transferred from the Form STD. 269 to the Form STD. 270, the supervisor may retain, or destroy their copy of the Form STD. 269.

The information on the Form STD. 269 should be considered as "confidential" and should be destroyed in the proper manner.

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A sample of Form STD. 269, ACCIDENT IDENTIFICATION CARD is shown at the end of this chapter.

The Form STD. 269 is NOT a substitute for completing a Form STD. 270.

### **Form STD. 270**

The Caltrans driver must complete a Form STD 270 VEHICLE ACCIDENT REPORT for all motor vehicle and/or motorized equipment accidents regardless of the ownership of the vehicle at the accident scene, amount of damage, or repair cost. A separate STD 270 must be completed for each state vehicle involved or damaged. The Form STD. 270 is a state form required by the DGS, ORIM, and Caltrans.

WITHIN 48-HOURS, THE ACCIDENT MUST BE REPORTED TO ORIM BY MAIL OR FAX ON A FORM STD. 270, VEHICLE ACCIDENT REPORT.

If the accident causes an injury to persons (other than a Caltrans employee), or involves damage to the property of others, the Caltrans driver must immediately call ORIM.

**NOTE:** A STD. 270 is required for equipment failures that cause an accident such as loading or unloading, towing, equipment failure or glass damaged by sand or an accumulation of scratches, but not for those times in which there is equipment failure or glass damage only.

The most current version of the Form STD. 270 is available from supervisors, District or Headquarters Safety and Health Offices and the Caltrans Electronic Forms System on the Caltrans Intranet at

<http://10.112.5.23:8080/v2Forms/servlet/FormRenderer;jsessionid=86D6FEFBAF1A9E0E51806720EEC6A248?frmid=pms0270&distpath=safe&brapath=vehacc>

### **Form PMS-S-270**

The purpose of the PMS-S-270, "Data Input For Motor Vehicle Accident" form is:

- To collect data that will identify the employee, the equipment, and detailed information describing the physical and environmental conditions surrounding the accident by establishing a computer file;
- To document the Accident Prevention Plan (shown on the reverse side) by having the supervisor and others review and discuss the details of the accident with the driver to select the root cause;

- 
- To document the preventability of the accident based upon Caltrans Vehicular Accident Classification Standards; and
  - To ensure that First Line Supervisors are taking necessary corrective or disciplinary action to avoid future accidents.

The following is instructions on how to file a Form PM-S-0270:

- Based upon the information provided by the driver/operator, and after completing an investigation, the first-line supervisor fills out the front of the form. All boxes describing physical and environmental conditions must be completed;
- Supervisors are responsible to ensure that all of the data fields have been reviewed and all the information on the computer input document is complete and accurate. If you need assistance, call your local Health and Safety Office;
- After completing the front of the form, the first-line supervisor shall review the back side of the form and select the appropriate “preventability” that best fits the circumstances surrounding the accident;
- After selecting the accident classification, the first-line supervisor shall complete the lower section of the form by filling out the Accident Prevention Plan as shown on the reverse side of the form; and
- The second-line supervisor shall review the first-line supervisor's comments and indicate his/her agreement or disagreement with the first-line supervisor's recommendations and corrective actions. Subsequent levels of review shall include the District/Headquarters Safety and Health Officer.

The form must be filled out to ensure that an accident has been properly documented and included in the SIMS computer data base. The form is only for internal Departmental use by the District/Headquarters Safety and Health Office staff.

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#### 18.04 RESPONSIBILITIES OF FIRST AND SECOND-LINE SUPERVISORS

Responsibilities of the **First-line Supervisor** are as follows:

- Ensure the employee is provided with medical care, Workers' Compensation forms (Chapter 10), and notify Cal-OSHA if needed (Chapter 19);
- Obtain copies of accident reports prepared by the California Highway Patrol (CHP) or reports prepared by local police jurisdictions. He or she may obtain these reports as an "interested party" and at no cost. **Do not delay submitting a Form STD 270 within 48 hours to ORIM.** Police reports and other documents may be obtained at a later date. Copies of the report(s) shall be given to the District Claims Officer or District/Headquarters Safety and Health Officer, who will arrange for the police report to be sent to the DGS, ORIM;
- Ensure all motor vehicle accidents are promptly investigated, documented, and properly reported to their chain-of command and the Safety Office;
- Ensure the employee understands when and how to complete the Form STD. 269 and Form STD. 270. Should the driver be unable to do so, the supervisor shall fill out the form(s);
- Review the completed Form STD. 270, VEHICLE ACCIDENT REPORT, analyze the information, determine the basic cause, and sign as Reviewing Officer (see section 18.05);
- Check the driving history of the affected employee to see if he/she has had any recent accidents that may influence the supervisor's decision to consider training and/or disciplinary action;
- Complete the Form PM-S-0270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT. Make comments regarding appropriate corrective action taken to prevent similar accidents, determine and assign "preventability";
- Classify the accident as either preventable or non-preventable on the STD. 270;
- Prepare and/or cooperate with notifying the employee if the accident is determined to be "preventable" as the employee may be denied benefits and/or awards; and
- The supervisor or person having charge over the state vehicle is responsible to complete STD 270 for acts of vandalism or damage sustained while parked if vehicle was not currently assigned to other employee at the time of damage.

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Responsibilities of the **Second-Line Supervisor** are as follows:

- Review Form STD. 270, VEHICLE ACCIDENT REPORT, and Form PM-S-270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT for completeness and any corrective action;
- Discuss the driving history of the affected employee with the first-line supervisor to see if he/she has had any recent accidents that may impact what disciplinary action may be appropriate; and
- Forward the original copy of the Form STD. 270, and the Form PM-S-0270, to the District Safety and Health Office for accidents involving District employees, and to the Headquarters Office of Safety and Health for employees assigned to Headquarters sourced units. If he/she is an Equipment Shop employee, send the original form directly to the Headquarters Safety Office and a copy to the appropriate District Safety Office.

Responsibilities of the **District or Headquarters Safety and Health Officer** are as follows:

- Review the Form STD. 270, VEHICLE ACCIDENT REPORT, analyze the information, and determine the basic cause of the accident;
- Review the comments/recommendations by the first and second-line supervisors to ensure it is appropriate, correct, and “preventability” has been determined and assigned. The Headquarters Office of Safety and Health and the District Safety Officers have final authority to determine the “preventability” assigned to any accident or to any employee;
- Notify the first and second-line supervisor if there is disagreement about “preventability” he/she may have selected and assigned to a specific accident;
- The District or Headquarters Office of Safety and Health staff will arrange for the reports to be sent to the DGS, ORIM. This state agency acts as the Department’s insurance adjusting agent in vehicle accident claims and related insurance procedures; and
- Input accident information from the 270 into the Safety Information Management System.

## 18.05 MOTOR VEHICLE ACCIDENT CLASSIFICATIONS

The following defines the Caltrans Vehicular Accident Classification system.

For the purpose of this manual, a “motor vehicle” is defined as either a state-owned (Caltrans or General Services), privately-owned, or commercial rental motor vehicle being operated by a state employee while on official state business.

“Equipment” is defined as motorized construction equipment or equipment used in the construction and/or maintenance of highways typically operated by Caltrans.

“Other vehicles” are defined as a non-state employee/adverse party owned vehicle or property involved in an accident resulting in personal injury or property damage.

## 18.06 PREVENTABLE ACCIDENTS

A preventable accident is defined as an accident that the driver/operator could have reasonably prevented.

This interpretation of a preventable accident imposes on each driver the positive duty of doing all that can be done within reason under the particular circumstances to avoid accidents. The driver is expected to carefully anticipate emergency situations, drive defensively, and to make every possible effort to avoid accidents.

Preventable accidents are caused by driver error or an imprudent act when the state driver/operator fails to take the **"last clear chance"** to avoid the accident. Except for accidents involving mechanical failure, the decision as to whether the accident is preventable is to be based solely on whether or not the driver exercised prudent and careful judgment. Did the driver attempt to avoid the accident regardless of any legal rights (such as right-of-way at intersection) to which he/she may have been entitled under the Vehicle Code?

If the driver fails to take the **"last clear chance"** to avoid an accident, the accident is preventable regardless of the question of primary responsibility for the accident. The test to be applied is one of preventability, taking all facts and circumstances under consideration.



### **18.07 NON-PREVENTABLE ACCIDENTS**

A non-preventable accident is defined as an accident that occurred with the vehicle/equipment and the state driver or operator did exercise prudent and careful judgment in an attempt to avoid the accident.

Generally, driver error or an imprudent act of the other driver causes these accidents, where the state driver/operator has no control over the acts of others.

### **18.08 NOTIFICATION OF PREVENTABLE ACCIDENT AND THE EMPLOYEE'S RIGHT TO APPEAL**

Employees who are charged with a preventable accident shall be notified in writing by the District or Headquarters Safety and Health Officer.

Since they may be denied benefits and/or awards, Bargaining Unit 12 employees have an appeal process described in their Memorandum of Understanding (MOU). The appeal may be prepared by the supervisor, branch chief, region manager, etc.

# APPENDIX "A"

## MOTOR VEHICLE ACCIDENTS

SEPTEMBER 2009

18-10

### ACCIDENT IDENTIFICATION

#### FORM STD. 269

<p>NAME STREETS OR ROADS — SHOW TROLLEY TRACKS, DIRECTION AND POSITION OF ALL VEHICLES IN ACCIDENT.</p>	<p>The S gram to oth the S officia</p> <p>All ve injury within 270. - and a</p> <p>Accid emplc of oth the C adval</p> <p>DO</p> <p>Subs: comn plaint Servi: rame of se includ servic</p> <p>COM C</p>	<p>ACCIDENT DATA</p>		<p>STATE OF CALIFORNIA</p> <p><b>ACCIDENT IDENTIFICATION</b></p> <p>STD. 269 (Rev. 5/97)</p> <p><b>IMPORTANT</b></p> <p>Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.</p>	
		<p>COUNTY</p>	<p>APPROXIMATE ROAD WIDTH</p>	<p>DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER</p>	<p>DRIVER'S LICENSE NUMBER</p>
		<p>CITY</p>	<p>DISTANCE FROM CURB</p>	<p>DEPARTMENT EMPLOYED BY</p>	<p>DATE AND LOCATION OF ACCIDENT</p>
		<p>DATE</p>	<p>LOCATION (ADDRESS, INTERSECTION, ETC.)</p>	<p>YEAR AND MAKE OF STATE VEHICLE</p>	<p>LICENSE NUMBER OF STATE VEHICLE</p>
<p>HOUR</p>		<p>A.M. P.M.</p>	<p>LOCATION (ADDRESS, INTERSECTION, ETC.)</p>	<p>ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO</p> <p><b>OFFICE OF RISK AND INSURANCE MANAGEMENT</b>  <b>DEPARTMENT OF GENERAL SERVICES</b>  <b>1325 J STREET, SUITE 1800</b>  <b>SACRAMENTO, CA 95814</b>      <b>[(916) 322-0459]</b></p>	

THIS FORM IS AN EIGHT (8) SIDED, 4"X 6" FOLDED CARD, PRINTED BACK-TO-BACK. ALL SIDES OF THE FORM ARE NOT SHOWN.

## MOTOR VEHICLE ACCIDENTS

SEPTEMBER 2009

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# **VEHICLE ACCIDENT REPORT - SIDE 1**

## **FORM STD. 270 (Caltrans)**

STATE OF CALIFORNIA <b>VEHICLE ACCIDENT REPORT</b> <small>STD. 270 (REV. 03/2000)</small>				<i><b>THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT (ACCIDENTS INVOLVING INJURY SHOULD BE FIRST CALLED OR FAXED TO OIRM AT (916) 322-0459 - CALNET 492-0459 - FAX (916) 322-6008).</b></i> <b>* CONFIDENTIAL INFORMATION *</b> <b>DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT</b>				DISTRIBUTION: ORIGINAL - <b>District or Headquarters</b> <b>Office of Safety and Health</b>			
ACCIDENT PREVIOUSLY REPORTED TO OIRM? (If yes, give date) <input type="checkbox"/> YES <input type="checkbox"/> NO								Page _____ of _____			
<b>STATE DRIVER</b>	NAME			AGE	EMPLOYING DEPARTMENT <b>CALTRANS -</b>			AGENCY BILLING CODE			
	DRIVER'S LICENSE NO.		ACCIDENT DATE		TIME	OFFICE ADDRESS			AGENCY DOCUMENT NO. <b>District/Cost Center</b>		
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? <small>(If NO, attach explanation)</small>										
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO APPROXIMATE DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING _____ Month/Year <input type="checkbox"/> NOT TAKEN					JOB TITLE			BUSINESS TELEPHONE		
<b>STATE VEHICLE</b>	VEHICLE LICENSE NUMBER		VEHICLE YEAR, MAKE, MODEL			VEHICLE OWNER <input type="checkbox"/> DEPT OWNED <input type="checkbox"/> DGS POOL <input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED			EQUIPMENT ID NO.		
	BRIEFLY DESCRIBE DAMAGES TO STATE VEHICLE			ESTIMATED REPAIR COST		IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME					
<b>ACCIDENT DETAILS</b> <small>(See Reverse for Diagram and Description)</small>	ACCIDENT LOCATION (Address/Area)						ROAD CONDITIONS				
	(City/State)						WEATHER CONDITIONS				
	(County)						TRAFFIC CONDITIONS				
	POLICE REPORT MADE						NAME AND ADDRESS OF INVESTIGATING AGENCY				
	<input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY <input type="checkbox"/> CHP <input type="checkbox"/> OTHER						NCIC# _____ BADGE # _____				
<b>OTHER VEHICLE</b>	DRIVER'S NAME		AGE/DOB		VEHICLE LICENSE NO.		VEHICLE YEAR, MAKE, MODEL		No OF PASSENGERS		
	DRIVER'S LICENSE NO.		HOME TELEPHONE		WORK TELEPHONE		REGISTERED OWNER				
	DRIVER'S ADDRESS (Street, City, State, Zip Code)						OWNER'S ADDRESS		HOME TELEPHONE		
									WORK TELEPHONE		
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY						NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY				
<b>INJURED</b>	NAME			AGE	ADDRESS			HOSPITAL			
	NAME			AGE	ADDRESS			HOSPITAL			
<b>WITNESS</b>	NAME			TELEPHONE		ADDRESS					
	NAME			TELEPHONE		ADDRESS					
<b>VEHICLE PASSENGERS</b> <small>OTHER</small>	NAME			ADDRESS							
	NAME			ADDRESS							
	NAME			ADDRESS							
	NAME			ADDRESS							

Sample

(CONTINUED ON REVERSE)

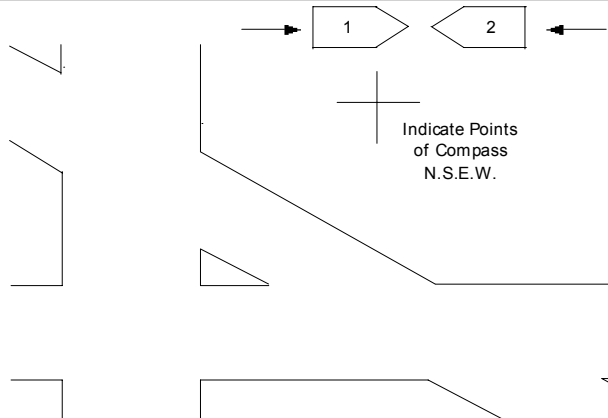
## **VEHICLE ACCIDENT REPORT - SIDE 2**

### **FORM STD. 270 (Caltrans)**

STATE OF CALIFORNIA  
**VEHICLE ACCIDENT REPORT**  
 STD. 270 (REV. 03/2000) (REVERSE)

\* CONFIDENTIAL INFORMATION \*  
 DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF  
 THE OFFICE OF RISK AND INSURANCE MANAGEMENT

ACCIDENT DETAILS - DESCRIPTION	STATE FULLY HOW ACCIDENT OCCURRED ( <i>Give Details, attached additional sheets if necessary</i> )  <div style="text-align: center; font-size: 4em; margin-top: 20px;">Sample</div>
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ACCIDENT DETAILS - DIAGRAM	 <div style="position: absolute; top: 310px; left: 400px; border: 1px solid black; padding: 2px;">1</div> <div style="position: absolute; top: 310px; left: 500px; border: 1px solid black; padding: 2px;">2</div> <p style="margin-left: 350px;">Indicate Points of Compass N.S.E.W.</p> <p style="margin-left: 650px;">Number State vehicle as 1, other vehicle(s) as 2, 3, etc.              Show pedestrian by ○              Show direction of travel as follows:                  Before accident →                  After accident     →              Give names or numbers of street or roads</p>
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ADDITIONAL VEHICLE/PASSENGER(S) VEHICLE	DRIVER'S NAME		AGE/DOB	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
	DRIVER'S ADDRESS ( <i>Street, City, State, Zip Code</i> )			ADDRESS ( <i>Street, City, State, Zip Code</i> )	
				HOME TELEPHONE	
				WORK TELEPHONE	
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY	

ADDITIONAL VEHICLE/PASSENGER(S) PASSENGER	NAME	AGE	ADDRESS	HOSPITAL
	NAME	AGE	ADDRESS	HOSPITAL
	NAME	TELEPHONE	ADDRESS	
	NAME	TELEPHONE	ADDRESS	

The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. <i>Attach extra pages as necessary.</i>		Print Supervisor Name and Title
Employee Signature and Date	Supervisor Signature and Date	Supervis or Telephone Number

SEPTEMBER 2009

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**DATA INPUT FOR MOTOR VEHICLE ACCIDENT-SIDE 1****FORM PM-S-0270**

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION		<b>CONFIDENTIAL</b> <small>This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized</small>	
<b>DATA INPUT FOR MOTOR VEHICLE ACCIDENT</b> PM-S-0270 (REV. 5/95)			
<b>ACCIDENT INFORMATION</b> (This Form to be completed by First Line Supervisor)			
DATE OF ACCIDENT	TIME (24 Hour)	CALTRANS EMPLOYEE INJURED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ACCIDENT NUMBER
		OTHER CALTRANS VEHICLE(S) INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	M -
ACCIDENT DESCRIPTION (Briefly describe Accident - Provide Details not included below)			
WAS A POLICE REPORT FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER FROM TOP OF POLICE REPORT**			
		N.C.I.C. #	OFFICER'S BADGE #
<b>EMPLOYEE INFORMATION</b>			
LAST	FIRST	MI	SEX DATE OF HIRE
SOCIAL SECURITY NUMBER		BIRTHDATE	DRIVER LICENSE NUMBER
			DRUG TEST (Sensitive Positions Only) <input type="checkbox"/> Yes <input type="checkbox"/> No
CLASS CODE	MTCE ACTIVITY NUMBER	EMPLOYMENT STATUS (Check one)	
		<input type="checkbox"/> PFT <input type="checkbox"/> PI <input type="checkbox"/> LT <input type="checkbox"/> PPT <input type="checkbox"/> TAU <input type="checkbox"/> SPP <input type="checkbox"/> RA <input type="checkbox"/> SA <input type="checkbox"/> †CE	
DISTRICT NUMBER	UNIT/COST CENTER*	ITEM NUMBER	C-NUMBER LICENSE NUMBER ESTIMATED REPAIR COST
<b>DETAILED INFORMATION</b> (Circle one appropriate for each Category)			
<b>A. WEATHER</b> 01 CLEAR 02 CLOUDY 03 FOG 04 RAIN 05 SNOW 06 WIND  <b>B. VISIBILITY</b> 01 OVER 1/2 MILE 02 LESS THAN 1/2 MILE 03 LESS THAN 100 YARDS  <b>C. ROAD CONDITION</b> 01 DRY 02 WET 03 SNOW/ICE 04 SLIPPERY (MUDDY, OILY, ETC) 05 NOT A FACTOR  <b>D. PREVENTABILITY</b> 01 BY DRIVER 02 NON PREVENTABLE 03 BY OTHER CALTRANS EMPLOYEE 04 BY CALTRANS MANAGEMENT 05 BY PRIVATE PARTY  IF 03 IS CIRCLED ENTER EMPLOYEE'S SOCIAL SECURITY NUMBER _____	<b>I. PROTECTIVE BELT IN USE</b> 01 CITY STREET 02 SHOULDER HARNESS 03 BOTH LAP BELT & SHOULDER HARNESS 04 NONE USED  <b>J. GENERAL LOCATION</b> 01 CITY STREET 02 CONVENTIONAL HIGHWAY 03 CONSTRUCTION 04 FREEWAY 05 FREEWAY RAMP OR CONNECTOR 06 LANE OR SHOULDER CLOSURE 07 PRIVATE PROPERTY 08 RURAL ROAD 09 STATE YARD OR PROJECT 10 TUNNEL OR TUBE 11 MAINTENANCE WORK AREA  <b>K. SPECIFIC LOCATION</b> 01 AT INTERSECTION 02 MEDIAN 03 OFF STREET OR HWY IN R/W 04 ON BRIDGE 05 PARKING LOT 06 SHOULDER 07 TRAVELLED WAY  <b>L. BASIC CAUSE</b> <b>ST. OTH.</b> 01 01 EXCESSIVE SPEED 02 02 FOLLOWING TOO CLOSE 03 03 IN WRONG LANE 04 04 AVOIDING AUTO OR OBJECT 05 05 IMPROPERLY PARKED 06 06 IMPROPER BACKING 07 07 DISREGARD OF SIGNS, SIGNALS ETC. 08 08 FAILURE TO OBSERVE CONDITIONS 09 09 POOR JUDGEMENT 10 10 IMPROPER OPERATION OF VEHICLE 11 11 UNKNOWN 12 12 BLOCKED VISION 13 13 DEFECTIVE EQUIPMENT 14 14 LOST LOAD	<b>M. DRIVERS CONDITION</b> <b>ST. OTH.</b> 01 01 NORMAL 02 02 DRUG/ALCOHOL IMPAIRED 03 03 ILL 04 04 SLEEPY OR FATIGUED 05 05 INATTENTIVE 06 06 OTHERWISE IMPAIRED  <b>N. MOVEMENT PROCEEDING COLLISION</b> 01 STOPPED 02 PROCEEDING STRAIGHT 03 RAN OFF ROAD 04 MAKING RIGHT TURN 05 MAKING LEFT TURN 06 BACKING 07 SWERVING/STOPPING 08 SWERVING/STOPPING 09 CHANGING LANE 10 PARKING MANEUVER 11 ENTERING TRAFFIC 12 EVASIVE MANEUVER 13 CROSSING INTO OPPOSING LANE 14 PARKED 15 MERGING 16 TRAVELING WRONG WAY 17 LOST CONTROL  <b>O. TYPE OF COLLISION</b> 01 HEAD ON 02 SIDESWIPE 03 HIT IN REAR 04 BROADSIDE 05 HIT OBJECT 06 OVERTURNED 07 VEHICLE/PEDESTRIAN 08 HIT REAR OF OTHER	<b>P. MOTOR VEHICLE INVOLVED WITH</b> 01 NON COLLISION 02 PEDESTRIAN 03 OTHER MOTOR VEHICLE 04 MOTOR VEHICLE ON OTHER ROADWAY 05 TRAIN 06 BICYCLE 07 ANIMAL 08 FIXED OBJECT 09 RUNAWAY VEHICLE  <b>Q. PEDESTRIAN INVOLVEMENT</b> 01 NO PEDESTRIAN INVOLVED 02 CROSSING IN CROSSWALK 03 CROSSING NOT IN CROSSWALK 04 WALKING ALONG ROADWAY  <b>R. ACCIDENT CLASS</b> (SEE REVERSE FOR DETAILS) 01 I (a) 02 I (b) 03 II (a) 04 II (b) 05 III (c) 06 III  <b>S. OCCUPATION</b> 01 ADM - ALL OFFICE WORK 02 LAB - LAB TESTING, FIELD AND LAB 03 SHP - MECHANICS, WELDERS, ETC. 04 CON - FIELD CONSTRUCTION 05 SUR - FIELD SURVEYS 06 FTR - FIELD TRAFFIC 07 TOL - TOLL SERVICES 08 FMT - FIELD MAINTENANCE 09 SPP - SPECIAL PROGRAM PEOPLE 10 CEM - CONTRACTORS EMPLOYEE †
This Form must be certified correct by the Safety Officer before Data Input <input type="checkbox"/> Certified correct O.K. for Data Entry		*ENTER THE UNIT NUMBER THE EMPLOYEE WAS CHARGED TO AT THE TIME OF THE ACCIDENT  **THIS INFORMATION IS INCLUDED TO ENABLE COMPARISON OF SUPERVISOR'S REVIEW TO THAT OF LAW ENFORCEMENT OFFICER  †INCLUDED FOR TRACKING PURPOSES ONLY	
SAFETY OFFICER'S SIGNATURE		ENTERED BY (Initial) DATE	

**DATA INPUT FOR MOTOR VEHICLE ACCIDENT-SIDE 2****FORM PM-S-0270****DATA INPUT FOR MOTOR VEHICLE ACCIDENT**

PM-S-0270 (REV. 5/95)

**REPORTING MOTOR VEHICLE ACCIDENTS**

**SELECTION OF BASIC CAUSE:** The supervisor, after discussing the accident with the driver or worker and making such investigation as is necessary, shall select and indicate a BASIC CAUSE for the accident for either of both - (1) the State driver or worker, (2) the other car, other worker, pedestrian, or object.

**ACCIDENT CLASSIFICATION:** The following definitions from Section 16.02 of the Equipment Manual will be used to determine the appropriate classification of an accident. All class III accidents require that the full details of the accident investigation be included on the reverse of this form. Whether or not class I or class II accidents shall be included on the reverse of this form shall be subject to direction from each individual Division or District. Consult with the District or Headquarters Safety Officer for direction in your area.

**CLASS I (a)** - State vehicle indirectly involved - when a state vehicle is in the proximity of an accident and it may be alleged that the accident was due, in whole or in part, to the operation or position of the state-owned vehicle or equipment;

**CLASS I (b)** - Work damage to others - when an adverse vehicle accident occurs involving a state-owned vehicle or equipment while operating or traveling on a state-owned vehicle or equipment;

**CLASS II (a)** - Work damage - Unavoidable damage to state vehicle or equipment that occurs during exposure but not in the case of a traffic accident;

**CLASS II (b)** - Vandalism/Theft - Damages as a result of vandalism or theft must be reported on Std. Form 270. In both cases, local law enforcement officials, as well as claims officer, must be notified immediately;

**CLASS II (c)** - Operational damage to others - damage to another vehicle or property because of normal and operational use of state equipment or vehicles. This category does not include traffic accidents;

**CLASS III** - Any accident which does not fall in Class I or II is a Class III accident. Every accident in which a state owned motor vehicle is involved and results in a reportable personal injury or in a death and any accident that is caused by driver error.

**PREVENTABILITY**

Except for accidents involving mechanical failure, the decision as to whether the accident is preventable is to be based solely on whether or not the driver exercised prudent and careful judgement in his/her attempt to avoid the accident regardless of any legal rights (such as right-of-way at intersection) to which he/she may have been entitled under the vehicle code.

This rule imposes on each driver the positive duty of doing all that can be done within reason under the particular circumstances to avoid accidents. He/she is expected to carefully anticipate emergency situations, and to make every possible effort to avoid accidents. If the driver fails to avail himself/herself of the "last clear chance" to avoid an accident, the accident is preventable regardless of the question of primary responsibility for the accident. The test to be applied is one of preventability, taking all facts and circumstances under consideration.

In addition to examining the actions of the driver regarding his/her taking the "last clear chance" to avoid this accident, please examine the facts of the accident to determine if the accident could have been prevented by 1) another Caltrans employee, 2) Caltrans management (yourself included) or 3) another party. If so circle the appropriate code. If another Caltrans employee could have prevented the accident, enter that employee's Social Security Number in the space provided and provide comments in the accident description as to what that employee could have done to prevent the accident.

**FOR FIRST LINE SUPERVISOR****ACCIDENT PREVENTION PLAN**

1) I HAVE TAKEN THE FOLLOWING ACTION(S) TO PREVENT RECURRENCE OF THIS TYPE OF ACCIDENT.

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2) I RECOMMEND THE FOLLOWING ADDED ACTION(S) TO PREVENT THIS TYPE OF ACCIDENT.

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1ST LINE SUPERVISOR (Signature)

DATE

**FOR SECOND LINE SUPERVISOR**

☐ I agree ☐ disagree with 1st line supervisor actions and/or recommendations

COMMENTS:

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2ND LINE SUPERVISOR (Signature)

DATE

**FOR SAFETY OFFICER**

☐ I agree ☐ disagree with actions and/or recommendations ☐ This accident was preventable based on the facts as presented or as determined by Safety Office review or investigation.

COMMENTS:

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SAFETY OFFICER (Signature)

DATE

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